

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11735-62-044198  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 14 1962

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis, Mo.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 308 Bates St.

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY

c. CITY  
OR  
TOWN St. Louis

Inside Limits  
Yes ☐ No ☐

d. STREET  
ADDRESS 308 Bates St.

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Maurice M. Ferry

4. DATE  
OF  
DEATH

Month Day Year  
Dec. 5, 1962

5. SEX  
male

6. COLOR OR RACE  
white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
29 March 1906

9. AGE (last birthday)  
56

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Supt. National Bedding Co.

10b. KIND OF BUSINESS OR INDUSTRY  
Co.

11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Joseph Ferry

13b. MOTHER'S MAIDEN NAME

Fleda Mitchell

14. NAME OF HUSBAND OR WIFE

Viola E. Ferry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no none

16. SOCIAL SECURITY NO.

17. INFORMANT  
St. Louis, Mo.  
Viola E. Ferry 308 Bates St.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARCINOMATOSIS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ADENOCARCINOMA OF RECTUM

DUE TO (c) 154x

INTERVAL BETWEEN  
ONSET AND DEATH  
1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.  
Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 19, 1962, to DEC 5, 1962 and last saw him alive on DEC 4, 1962  
Death occurred at 11:05 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John T. Vandover MD

22b. ADDRESS

1504 So. Grand Blvd

22c. DATE SIGNED

12/7/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

12-8-62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cem.

23d. LOCATION (City, town, or county)

Lemay, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home  
6322 S. Grand, St. Louis, Mo.

DEC 7-1962

DEC 7-1962

25. REGISTRAR'S SIGNATURE

John T. Vandover MD

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1

2 215

3

4 0

5 1

6

7 0

8 2

9

10

11

12 90-0

13

90

FILED OCT 1 1936

Mr Van Dover  
1504 A Island

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed David Van Fossan.

Licensed Embalmer No. 4242.

P. O. Address Dr Louis S40.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.